

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Report Filed ((Mark X)	Farmer of the Contract of the	ate Side	Committee	THE RESERVE OF THE PROPERTY OF	Lobbyist
Name of Filing Co Lobbyist	mmittee, Ca	ndidate or	Coni	7/1122	10	471-1	I ART	()L16ETV
Street Address			52/4	7 130	NDY !	100	7/1-1	<u></u>
City	E	RIK		State	PA	Zip Code	16506	•
Type of Report (Pl	ace x under r	eport type)	PER PERSONNEL TRANSPORTE	The second second	AUG SHUARD CONTROL OF		VERSON ASSESSMENT OF THE PROPERTY OF THE PROPE	MEET APPROPRIEST OF CHICAGO INTUNES
1-6 th Tuesday 2 Pre-Primary P	- 2 nd Friday re-Primary	3- 30 Day Post Primary	4- 6 th Tuesday Pre- Election	5- 2 nd Friday Pre- Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
					X			
Date Of Election (MM/DD/YYYY)		11/07	Year	2017	Amendment Report		Termination Report	
Sworn to and subscribe day of Dabae	Contribution illable id B) ires om Line C) Contribution ind Obligation imittee report	ns and Receipts ns Received ns , treasurer sign he including the attact this	\$ 39, 0 \$ 40, 0 \$ 38, 9 \$ 38, 9 \$ \$ 38, 9 \$ \$ 38, 9 \$ \$ 8	7/17 17.39 865.00 362.39 76.43 85.96 0	ndidate sign here. pest of my knowledge YLVANIA Signature of	ge and belief tr	ue, correct and complete	7 PM 2: 26
My Commission expire	6	26-21 L	My Commissi		26, 2021 rea Code	_3	92 - 4385 time Telephone Numbe	·r
Sworn to and subscrib	t to the best o	f my knowledge a	Committee, candid not belief this polit	cical committee h	as not violated any	provisions of the	Act of June 3, 1937 (I	
DWMONWEALTH	OF PENNS	YLVANIA						

Tonia Wit. Norary Public
City of Eria Eria County
My Commission Expires April 3, 2019
MENEER PENESYLVAN A ASSOCIATION OF NOTARIES

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	Conni	Mes	10	L-ZECT	ART	OLIGERY	
		THE PERSON NAMED IN THE					

1:Unitemized Contributions and Receipts \$50.00 or Less per Contributor		
Total for the reporting period (1)	\$	05.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)		
Contributions Received from Political Committees (Part A)	\$	()
All Other Contributions (Part B)	\$	110000
Total for the reporting period (2)	\$	1100.00
3. Contributions Over \$250.00 (From Part C and Part D)		
Contributions Received from Political Committees (Part C)	\$	10.000.00
All Other Contributions (Part D)	\$	10,000.00 28,500.00 38,500.00
Total for the reporting period (3)	\$	38,500.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	0
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$	39,685.00

Statement of Expenditures

COMMITTER TO ELECT ANT OLIGEN

COCP MI-DIA	Date IMM/DUPONY
SRCP MEDIA SRCP MEDIA DI SULLE DIA DI SUL	Description of Expenditure
261 N.UNIOU ST. SUITE 300	
ALLY ANDRIA VA CODE 22314	MEDIA
ERIK MAGNERLHOR CLUB	11/07/2017 720.06
1607 STATE ST.	Description of Expenditure
ERIK PA COU 1650/	EZECTION NIGHT EVENT
PRINTING CONCEPTS	11/10/2017 103.88
4982 PACIFIC AUG	Description of Expenditure
EN16 PA 16566	EPSON BOMM
COLD SPANL 307 413 AUGNUL	11/10/2017 1316.93
307 413 AUENUL	Usson phonoit Expenditures and account of the control of the contr
DE BURLEY PA	CAMPAIGN LY PUNSL
PITSBURGH PA COOK 15223	CHINING Z PI DI GG
POST OFFICE	11/10/2017 9.80
POST GIFFILL 3607 POPLAN ST	CAST STATE CAST ANALYSIS SAGE
POST OFFICE	11/10/2017 9.80
POST GIFFICE 3607 POPLAN ST LIKE PA 16508 LIKE MALNUNGHOO CUP	Date NAMEDO FORMS 9.60 11 V O 017
POST GIFFILL 3607 POPLAN ST ETRIK PA 16508	11 10 2017 9.80 Description of Expenditure POSTA-6 L-
POST GIFFICE 3607 POPLAN ST LIKE PA 16508 LIKE MALDINGROUD CUP	11 10 2017 9.80 Description of Expenditure POSTA-6 L-
POST GIFFICE 3607 POPLAN ST LARIE PA 16508 LARIE MARNIMACHOO CUP 1607 STARE ST. LARIE PA 1650) SRCP MEDIA	Drive Byllis Do Branch 11 IV 2017 9.80 Description of Expenditure POSTA-6 L- Drive Bulling Do J. 2001 632.87 Description of Expenditure CAMPAIGN CONT. Laving
POST GIFFILL 3607 POPLAN ST LINIE PA 16508 LINIE MARNIMUM CUM 1607 STATE ST. LINIE PA 1650)	Date PMN 100 Marks 9.80 Description of Expenditure Description of Expenditure Description of Expenditure
POST GIFFICE 3607 POPLAN ST LACIE PA 16508 LACIE MALDINERCHOO CUP 1607 STARE ST. LACIE PA 1650) SRCP MEDIA	Date By MIDD MANNEL 11 IV 2017 9.80 Description of Expenditure CAMPAIN CONT. LOUIS- 10 30 50 7 5,000.00 Description of Expenditure 2,000.00 Description of Expenditure
POST GIFFICE 3607 POPLAN ST LARIE PA 16508 LARIE MALNULALUO CLUP 1607 STATE ST. LARIE PA 16501 SRCP MEDIA 201 N. UNION ST. SUITE DEL SRCP MEDIA SRCP MEDIA SRCP MEDIA	Date By MIDD MANNEL 11 IV 2017 9.80 Description of Expenditure CAMPAIN CONT. LOUIS- 10 30 50 7 5,000.00 Description of Expenditure 2,000.00 Description of Expenditure
POST GIFFICE 3607 POPLAN ST ERIE PA 16508 LARIE MALRIMBACHOO CLUP 1607 STATE ST. ENIL- PA 1650) SRCP MEDIA 201 N. UNION ST. SUITE SEL ALLYMORIA 1/A 22314	Date By MIDDE PARTY 9.80 Description of Experiment POSTAGL Description of Experiment CAMBAGO COMP. LEVENT Description of Experiment FOR THE BY TO THE STREET OF THE BY TO

Statement of Expenditures

COMMITTEE TO ELECT ANT OLIGENS

POST PROGRAM TO A CONTROL OF THE POST OF T	
FIRST NATE BANK 6960 PLACT ST.	111 6017 114.00
6960 PLACT ST.	Description of Expenditive
LARIE PA 600 16509	SL-RULU CHARGE FUR .
PAY PAL SK	11/ /2017 78.95
AFRICAS ARTHUR ARTHURS	Description of Expenditure
Gotte	
Working (1)	Date MM/DD/MYY S
Street-shriters	Description of Expenditure 1997
State 7th Code	
	abate (MM/DD/2004) (2)
E Très le deux	Description of Expenditure - 1984 1984
Sale Sip	
	Date MMLOD/Vervil 2 S
Rouse I. South Address	Description of Expenditures
	Date (MM//DD/YEV/); 55.
Spec address	Description of Expenditure
S=16 530c	
	Date (MM) (DD) (CAN) (1.55)
EDULE: Steer unifies.	Description of Expeditions
7816 2016	
	abate (look) bby (add) 1.55
Section of passes	Description of Expendicular
Sine Sode	

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer (dentification Number:	COMMI	MEZ	N	HELT	ANT	OL16EP4	
and the second s					,		

Name of Creditor	COLD SPARI	Outstanding Balance of Debt
307	COLD SPARIL Treet Address 4th Avenue Date Debt Incurred [MM/DD/YYYY] 11105/2017 PINS BURGH State PA Zip Code 1522 MEDIA	\$ 800.00
City	PITTS BURGH State PA Zip Code 1522	
Description of Debt	MEDIA	Timer
Name of Creditor		Outstanding Balance of Debt
31	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		Thosast.
Name of Creditor		Outstanding Balance of Debt
	DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt	PERSONAL PROPERTY AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF	322
Name of Creditor		Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	
Description of Debt		(Sac)
Name of Creditor		Outstanding Balance of Debt
House # Str	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt	State Zip Code	_
Name of Creditor House # Str	Silver and the second s	Outstanding Balance of Debt
	reet Address DATE DEBT INCURRED [MM/DD/YYYY]	\$
City	State Zip Code	_
Description of Debt	Transcented Estatement	(2) (S)

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: COMMI MERE TO LEVERT ANT OUGEN

Full Nar	ne of Contributor	THUMAS CHIOD	Date [MM/DD/YYYY] 5	100.00
House #	1103 Stree	et Address STARE ST	Date [MM/DD/YYYY]	
City	ERIE	State P4 Zip Code 1650/	Date [MM/DD/YYYY]	
Full Nar	ne of Contributor	AND GRUNGWALD	Date [MM/DD/YYYY]	100.00
House #	4014 Stre	et Address MELROSE AUE	Date [MM/DD/YYYY]	
City	ERIE.	State PA Zip Code 16509	Date [MM/DD/YYYY]	X
Full Nar	ne of Contributor	RIM GOLBER	Date [MM/DD/YYYY] ;	100.00
House f	3 224 Stre	GERGIAN CI	Date [MM/DD/YYYY]	
City	ERILS	State PA Zip Code 16505	Date [MM/DD/YYYY]	
27 K42		149 1000)		
Full Nar	ne of Contributor	KATHY WOLFURD	Date [MM/DD/YYYY] \$	100.00
Full Nar House I			Date [MM/DD/YYYY] S U 35 60/7 Date [MM/DD/YYYY] S	100.00
	Stre	KATHY WULFUND set Address COMPASS DA State DA Zip Code	ושם בבןעו	.
House I	/022 Stre	KATHY WULFUND Tet Address CONPASS DO State On Zip Code	Date [MM/DD/YYYY]	
House I	1022 Stre	KATHY WULFUND State PA Zip Code 1695	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	125.00
House I	1022 Street 1022 S	KATHY WOLFUND State PA Zip Code KSST HOWARD KUBINSKI et Address	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	125.00
House II City Full Nar City Full Nar	1022 LTL/L ne of Contributor Street 4180 LTL/L ne of Contributor	KATHY WULFUND State PA Zip Code 1655 HOWAND KUBINSK! State PA Zip Code 16505	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	125.00
House # City Full Nam House #	1022 LTL/L ne of Contributor Street 4180 LTL/L ne of Contributor	COMPASS DD State PA Zip Code 1655 HOWARD KUBINSK! et Address WEST LAKE DD State 0. Zip Code	Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY] Date [MM/DD/YYYY]	125.00

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number: COMMIMER TO CELLET ANT OLIGERY

		The same of the sa
House # 1001 Street Address SMF ST	Date [MM/DD/YYY] \$	200.00
House # 1001 Street Address STATE ST	Date [MM/DD/YYYY] \$	
L-RIK State PA Zip Code 16501	Date [MM/DD/YYYY] \$	
RYAN DUNLANEY	11/04/2017	250.00
RYAN DUNLANGY House# 11048 Street Address 1+16HLAND AUL City NONTHEAST State PA Zip Code 16428	Date [MM/DD/YYYY] \$	
NONTHEAST State PA Zip Code 16428	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYYY] \$	
House # Street Address	Date [MM/DD/WW] \$	
Citý State Zip Code	Date [MM/DD/YYYY] \$	
Full Name of Contributor	Date [MM/DD/YYY] \$	
House # Street Address	Date (MM/DD/YYY) 5	
City State Zip Code	Date [MM/DD/YYYY]	
Full Name of Contributor	Date [MM/DD/YYY] \$	
House # Street Address	Date [MM/DD/YYYY] \$	
City State Zip Code	Date [MM/DD/YYYY] S	
Full Name of Contributor.	Date [MM/DD/YYYY]	×.
House # Street Address	Date [MM/DD/YYYY]	
City State Zip Code	Date [MM/DD/YYYY]	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Hetelenhedlen Munber Comminter	O LIET ART OLIGERI
Full Name of Constituting Committee PLAUBLICAN PARTY PLANUS Y LUAN IL Street Address STATE ST.	10/31/2017 10,000.00
HEADING HEADING TO THE PROPERTY OF THE PROPERT	E22
Thereseure State PA Zip Gode	17101
Full Name of Committee	Date [MM/DD/YYYY] \$
House 1. Street Address	Date [MM/DD/YYYY] 5
State /Zip Code	Date [MM/DD/YYYY] \$
Sals) Rim. of Scorinkte Committee Co	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
State Zip Code	
EOL Bane of a Control of the Control	Date (MM/OD/AYY) 4
House A Sheet Address	Date [MM/DD/YYYY] \$
Chy State Zip Code	
Föll Name of Gammanage Communication	Cate [MM/Ob/YSYX]
House # Sheet Address	Date [MM/DD/YYY]
State Zip Code	
Editione of Contributing Committees	Date (MM/DD/YYYY) \$
House # Street Address	Date [MM/DD/XYYY] S
City State Zip Code	Date [MM/DD/YYYY] 5

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number: Committees TO ELECT ANT OLIGERI	THE TO ELECT ANT OLIGERI
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	CUTT WAGNER	11/02/2017 25,000.00
House # Street Addi	WYNDHAM DR	Date [MM/DD/YYYY] \$
city YORK	State PA Zip Code 17403	Date [MM/DD/YYYY] \$
Employer Name	STATE OF PENUSYLVAN	Occupation STATE SENATOR
Employer Mailing Address / Principal Place of Business	HAMAIS BURL	
Full Name of Contributor	BRUCE KERN	11/02-/2017 2,000.06
House # 1091 Street Add	DUTCH RD	Date [MM/DD/YYYY] \$
City FAIRUILS	SOURCE CONTROL SOURCE S	
Employer Name.	LURTZE FOODS	Occupation PRISSIDIAN
Employer Mailing Address / Principal Place of Business	1717 LAST 12 MSS. E	RIG PA 16511
	MARY ECICLAR	11 / U2-/2017 500.06
House # SYU3		11 U2 2017 500.06 Date [MM/DD/YYYY] \$
House # SYU3 Street Add City EPOILE	PL-PPLAWOOD CIN State PA Zip Code 16526	
House # SY03 Street Add City ERIC Employer Name	PL-PPLAWOOD CIN State PA Zip Code 16526	11 U2 2017 500.06 Date [MM/DD/YYYY] \$
House # SYU3 Street Add City EPOILE	PEPPLAWOOD CIN	Date [MM/DD/YYYY] \$
House # SYU3 Street Add SYU3 City EPCIE Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor	PEPPLAWOOD CIN State PA Zip Code 16506 LECUM CONT. HOSPIT 5375 PEACH ST DOLURES MYRICE DOLURES MYRICE	
House # SYU3 City FRIG Employer Mailing Address / Principal Place of Business Full Name of Contributor House # 212	PEPPLAWOOD CIN State PA Zip Code 16506 LETUM CONT. HOSPITA 5375 PEACH ST DOLORES MYRICE W. 41 ST ST	
House # SYU3 Street Add SYU3 City ETCILE Employer Name Employer Mailing Address / Principal Place of Business Full Name of Contributor House # 212 City ETCILE	PEPPLAWOOD CIN State PA Zip Code 16506 LETCH M CONT. HOSPIT 5375 PEACH ST DOLURES MYRICE TESS W. 41 ST ST State PA Zip Code 16508	
House # SY03 Street Add SY03 City ERICE Employer Name Employer Mailing Address / Principal Place of Business. Full Name of Contributor House # 2/2 Street Add	PLAPIAWOOD CIN State PA Zip Code 16526 LETUM CONT. HOSPITA 5375 PLACH ST DOLURES MYRICE Tess W. 41 & ST State Zip Code	

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

COMMITTEL TO ELECT ANT OLIGER	Filer (dentification Number:	COMMI MED	TOE	eres An	J OLIGER
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Compart of the Compar			
Full Name of Contributor	SILVIA FERRET	Date [MM/DD/YYYY] \$ 11/06 & 017	500.00
5741	LARCHMONT DA		
ERIL	State PA Zip Code	16509 Date [MM/DD/YYYY] \$	
Employer Name	LECOM	Occupation SA. Un	LE PAUS.
Employer Mailing Address / Principal Place of Business	1858 WEST 1	BANNIEW BURGER	ILF, PA
Full Name of Contributor		Date [MM/DD/YYYY] \$	
House # Stree	et Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business		•	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	et Address	Date [MM/DD/YYYY] \$	9
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business		£	
Full Name of Contributor		Date [MM/DD/YYYY] \$	
	et Address	Date [MM/DD/YYYY] \$	
City	State Zip Code	Date [MM/DD/YYYY] \$	
Employer Name		Occupation	
Employer Mailing Address / Principal Place of Business			